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PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	James P. VanLaeken
Title	Clematis Plant Named 'Sprinkles'
Group Art Unit	
Examiner Name	
Attorney Docket Number	36-01-P10F

I hereby appoint:

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Name	Registration Number
Fred L. Denson	24,325

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Firm or Individual Name	Fred L. Denson, Attorney			
Address	14 East Main Street			
Address	P.O. Box 801			
City	Webster	State	NY	Zip
Country	USA			
Telephone	(716) 265-2710	Fax	(716) 265-2711	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	James P. VanLaeken
Signature	
Date	9/21/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231

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PTO/SB/03 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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**PLANT PATENT
APPLICATION (35 U.S.C. 161)
DECLARATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	36-01-P10F
First Named Inventor	James P. VanLaeken
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the new and distinct variety of:

CLEMATIS

plant named: SPRINKLES

which is claimed and for which a plant patent is sought, the specification of which

is attached hereto OR was filed on (MM/DD/YYYY) as United States

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claim, as amended by any amendment specifically referred to above.

I have asexually reproduced the plant to which this application applies.

Said plant was found in a cultivated area (check this box for newly found plant only)

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/03 (03-01)

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DECLARATION – Plant Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below									
<p>Name <u>Fred L. Denson, Attorney</u></p> <p>Address <u>14 East Main Street</u></p> <p>Address <u>P.O. Box 801</u></p> <table border="1"><tr><td>City <u>Webster</u></td><td>State <u>NY</u></td><td>ZIP <u>14580</u></td></tr><tr><td>Country <u>USA</u></td><td>Telephone <u>(716) 265-2710</u></td><td>Fax <u>(716) 265-2711</u></td></tr></table>				City <u>Webster</u>	State <u>NY</u>	ZIP <u>14580</u>	Country <u>USA</u>	Telephone <u>(716) 265-2710</u>	Fax <u>(716) 265-2711</u>
City <u>Webster</u>	State <u>NY</u>	ZIP <u>14580</u>							
Country <u>USA</u>	Telephone <u>(716) 265-2710</u>	Fax <u>(716) 265-2711</u>							
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>									
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name <u>James P.</u>		Family Name or Surname <u>VanLaeken</u>							
Inventor's Signature <u>James P. Van Laeken</u>		Date <u>9/21/01</u>							
Residence: City <u>Walworth</u>	State <u>NY</u>	Country <u>USA</u>	Citizenship <u>US</u>						
Mailing Address <u>3242 Daansen Road</u>									
Mailing Address <u>P.O. Box 552</u>									
City <u>Walworth</u>	State <u>NY</u>	Zip <u>14568</u>	Country <u>US</u>						
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name		Family Name or Surname							
Inventor's Signature		Date							
Residence: City	State	Country	Citizenship						
Mailing Address									
Mailing Address									
City	State	Zip	Country						
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									